



TOWN OF MANCHESTER, CONNECTICUT
HUMAN RESOURCES DEPARTMENT

41 Center Street - P.O. Box 191
Manchester, CT 06045-0191
Telephone: (860) 647-3126



POLICE OFFICER - APPLICATION FOR EMPLOYMENT

This application constitutes a part of the examination process. The Town cannot assume responsibility for the confidentiality of information provided on an employment application. It must be completed in full even if resumes or other supporting materials are attached. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive. Make your statements brief, but do not omit important information which may have relevance to the position.

=====

Name: _____
First Middle Last

Address: _____
Street/Apt. No./P.O. Box City State Zip

Telephone: _____ Cellular/Mobile Telephone: _____

E-mail address: _____ Social Security No: _____

The Police Officer Standards and Training Council (POSTC) requires that applicants in a law enforcement unit in the State of Connecticut be a citizen of the United States of America. Do you meet the POSTC eligibility requirements? YES / NO

The Police Officer Standards and Training Council (POSTC) requires that all recruits be 21 years of age. Do you meet the POSTC eligibility requirements? YES / NO

Do you have a valid driver's license? Yes ___ No ___ Operator's No.: _____
State: _____

ARMED SERVICE EXPERIENCE: Branch: _____

Served From: _____ To: _____ Discharge Status: _____

EDUCATION:

<u>Name & Address of Schools Attended</u>	<u>Did You Graduate?</u>	<u>Degree Awarded</u>
High School		
College		
Other		

THE TOWN OF MANCHESTER IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS PROHIBITED BY LAW.

EMPLOYMENT HISTORY: In the space provided below, give your employment history beginning with your most recent employer. In order to evaluate your application properly, you must include both the month and year of employment history. List all positions held. Include any applicable military and voluntary positions. (If additional space is required, please attach an additional sheet and use the same format as below.)

a. Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Employed: Full Time: _____ Part Time: _____ / Hours Per Week: _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

b. Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Employed: Full Time: _____ Part Time: _____ / Hours Per Week: _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

c. Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Employed: Full Time: _____ Part Time: _____ / Hours Per Week: _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

REFERENCES: List below three individuals (not relatives) who know your character, ability and experience.

	<u>Name</u>	<u>Street</u>	<u>City/State/Zip</u>	<u>Telephone</u>
1.				
2.				
3.				

Please list all residences for the previous 20 years:

FAMILY INFORMATION:

	<u>Name</u>	<u>Address</u>	<u>Age</u>
<u>Mother</u>			
<u>Father</u>			
<u>Sister(s)</u>			
<u>Brother(s)</u>			
<u>Spouse</u>			
	(Maiden Name, if applicable)		

Have you ever been fired or asked to resign from a job? Yes / No

If yes, please explain. _____

Do you understand that as a requisite to this selection process you may be required to submit to a polygraph test, a psychological examination, fingerprinting as well as an agility test and physical examination?

Yes ____ No ____ Signature: _____

PLEASE READ: I certify the above information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced. I also give consent for you to check with personal references, medical records as allowed under ADA, previous employers and educational institutions concerning my past employment and personal history and to check criminal and driving records. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history. I further understand that the acceptance of this form does not constitute an employment agreement. Failure to fill out this application completely may result in my disqualification from any further consideration for employment. Proof of citizenship or employment eligibility in accordance with the Immigration Reform and Control Act of 1986 will be required at time of appointment. I acknowledge that I received and read a copy of the job description for Police Officer and understand that passing a post-job offer physical examination, as determined by the Town, is a mandatory requirement for employment with the Manchester Police Department.

I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees for employment purposes. I understand that applications submitted for employment may be public records and that the Town cannot assume responsibility for the confidentiality of information provided on an employment application.

DRUG/ALCOHOL TESTING: The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicants will be required to pass a test for drugs of abuse and/or alcohol misuse. Failure to pass such tests will result in the withdrawal of any offer of employment.

I hereby acknowledge that I have read the above statements and understand them.

Signature

Date

**TOWN OF MANCHESTER, CONNECTICUT
AFFIRMATIVE ACTION QUESTIONNAIRE**

Instructions: Each applicant for employment with the Town of Manchester is requested to provide the following information for affirmative action reporting purposes. It will be removed when your application is reviewed and the information you provide will not be considered in the employment process.

1. Ethnic Group: (check one)

White _____ Black _____ Hispanic _____ American Indian _____
Asian American _____

2. Sex: Female _____ Male _____

3. Age: 16 or less _____ 17 to 25 _____ 26 to 40 _____
41 to 65 _____ 66 or older _____

4. Applied in Response to:

_____ Town of Manchester Website _____ Town of Manchester Recruitment Hotline
_____ Hartford Courant _____ Journal Inquirer
_____ Careerbuilder.com _____ CT JobCentral.com
_____ Referred by Town Employee _____ Connecticut Employment Service
_____ Other Internet advertisement (please specify) _____
_____ Other Newspaper (please specify) _____
_____ Community or Professional Organization/Agency (please specify) _____
_____ Other (please specify) _____

I certify that the above information is correct. Please print legibly.

Position Applying For: _____ Date: _____

Name: _____ SSN: _____

Address: _____
(Street) (City) (State/Zip)

Email: _____ Telephone No. _____

Signature: _____

**TOWN OF MANCHESTER, CONNECTICUT
EMPLOYMENT APPLICATION SUPPLEMENT**

(This insert must be completed and submitted with the application.)

Please read the following before answering the next question:

"Conviction" for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. "Conviction" does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are **not required to disclose** any arrest, criminal charge or conviction which has been **erased from you record under law**. Such records can include a) records of a finding of delinquency or that a child was a member of a family with service needs, b) adjudication of youthful offender status, c) criminal charges dismissed or nolle, d) charges for which a person is found not guilty or e) a conviction later resulting in an absolute pardon. Any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

A history of criminal conviction(s) will not automatically bar you from consideration of employment. Factors such as the date, severity and nature of the offense, as well as rehabilitation, will be taken into account.

Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire in the Human Resources Department.

Have you ever been convicted of a crime? If yes, please explain in the space provided:

[] Yes

[] No

I certify the above information is correct and truthful.

Signature

Date

Print Name

TOWN OF MANCHESTER, CONNECTICUT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, to a Manchester Police Department representative, a duly authorized agent of the Town of Manchester whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); employment and pre-employment records, including background reports, polygraph and background investigations conducted by other departments, sufficiency ratings, psychological reports, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed, including records of the Internal Revenue Service; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Town of Manchester to consider in determining my suitability for employment by the Town. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Town of Manchester. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information or releasing photocopies of such information. I further release the Manchester Human Resource Department, the Town of Manchester and the Manchester Police Department and it's officers and employees from any and all liability which may be incurred as a result of collecting such information and conducting my background investigation.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Signature of Applicant

Witness to Signature

Date of Birth

Social Security Number

Date of Signature

